

INDEX OF SURGICAL PROGRESS.

GENERAL SURGERY.

I. Foreign Bodies Simulating Pathological Processes. By C. A. DETHLEFSEN (Copenhagen). The writer gives four cases from his practice, where foreign bodies introduced into the body simulated distinct pathological processes. The first is one simulating the bite of a viper where a peasant woman watching sheep lost a knitting needle and when looking for it she noticed that she was (apparently) suddenly bitten on the foot. She immediately went home and applied some domestic remedy. Pain and malaise soon disappeared but the leg began to swell, and she sought medical aid. Examined, there was no sign of injury, and the limb was not sensitive to pressure. An incision, made between the big toe and the next, where she said she was bitten, revealed a hard body, and with the forceps a rusty knitting needle about 7 inches long was extracted from the sole. No further disturbance. The second is a child, æt. $1\frac{1}{2}$ years, which had suffered for 3 months from parotitis dextra. The swelling was treated by iodine, unguents, etc., without success. Tumor hard and unfluctuating. From a blister was withdrawn a goose down feather entire. The child had probably gotten it into its mouth and it had gained entrance into its ductus stenioniaous where it had set up the trouble.

The third one mentioned, was that of a child, æt. $2\frac{1}{2}$ years, which had had ulceration of the right nasal cavity, and a chronic eczema of the upper lip. She had been several times under medical care. Examination revealed the posterior opening completely closed. With the forceps a foreign body was extracted which revealed itself to be a mass of rolled paper covered with accumulations from the nose. The child recovered at once.

The fourth case is that of a servant girl, æt. 30 years, who, for

about 14 days had suffered from pains in the right ankle and the left wrist. As the pains increased and were accompanied by fever, swelling and tenderness, there seemed no doubt that she was suffering from febris rheumatica. Although treatment was *lege artis* no improvement followed but the disease extended gradually to the larger articulations of the lower and upper extremities. As she said she had gotten something into her left index finger some 14 days before the beginning of the disease while scrubbing a floor, a deep incision was made under narcosis and a piece of a broken sewing needle was taken out, it lying right on the bone; the symptoms disappeared at once with astonishing rapidity, and four days after the operation she resumed her work.—*Hospitals Tidende*, 30, 1889.

II. On the Persistence of the Virus of Hydrophobia. By J. Novi. Novi found in the cadaver of a rabbit which four days before had died of hydrophobia in which the cranium had been trepanated the entire brain and spinal cord to be eaten up by maggots. Experiments were then made with these maggots. An emulsion of three small maggots in eight cm. of water showed itself to be intensively virulent, the animals dying after a typical course in about eleven days. Novi emphasizes that neither the decay of the cadaver nor the digestion of the nerve-substances by the maggots was able to weaken the virus. He controverts the objections that the condition in question might have been sepsis or that the intestinal contents might be the infectious agent by making control experiments with maggots from cadavers of animals not dead from hydrophobia which produced entirely different results, and again he points to the rapid development of the maggots and the rapidity of digestion rendering it improbable that such small quantities of nerve-substance could have such an intensive action. Högyes however, has observed with a fresh and strongly diluted nerve-substance a very long incubation, while Novi's already decayed material had a delay of incubation of one day at the most. Novi thinks that flies and maggots must be considered in the future as a source of infection for animals, as the great capability of infection in spite of decay demonstrates.—*Bullett. d. sc. med. Bologna*, 1, 1889.

III. On the Local Anæsthetic Action of Cocaine in Greater Operations. By DR. ALBERT (Saarlouis). Albert comes to the following conclusions with respect to the use of cocaine in greater operations:

1. Five % solutions of cocaine are the best means of producing local anæsthesia, even in making great incisions in the skin, removing large tumors, whose enucleation does not require more than three quarters of an hour.
2. Solutions stronger than 5% are not necessary and hence should be rejected.
3. Five % solutions of cocaine used properly—gradual injections—are to be preferred decidedly, to chloroform narcosis in adults on account of it being without danger, and its more rapid action.
4. Chloroform narcosis is in such cases as mentioned above as of old justified in children and anxious persons.
5. It is to be wished that cocaine should be used in the large clinics in the manner mentioned before, it doing excellent service and that it may find its proper appreciation and use.—*Deutsche mil-arztl. Ztschr.* xviii, 11, 1889.

F. H. PRITCHARD (Boston).

IV. Upon the Employment of Sugar in Wound Treatments. By Dr. JACOB DANNHEISER. F. Fischer, of Strassburg, in 1885, introduced sugar as a wound dressing, claiming for it special advantages. The author, in an inaugural dissertation, shows that, in spite of the ever varying changes which the special means employed by surgeons in the carrying out of the antiseptic idea, have undergone, this agent is that employed at the Strassburg clinic. The sole change, and one of great importance, is the omission of the impermeable covering formerly employed; the result being that the sugar does not break down so readily into a liquid condition and a condition of dryness of the wound is maintained. The sugar is incorporated in cushions combined with wood wool, etc., when profuse wound secretions occur. It is also used as a powder application to ulcerated surfaces, etc., with the happiest results. It is contra-indicated in cases of cavities left after resections, and where there is secondary hæmorrhage, io-

doform gauze tampons, being here substituted. — *Deutsch. Zeitschrift. f. Chir.* Bd. xxix p. 311.

G. R. FOWLER (Brooklyn).

OPERATIVE SURGERY.

I. Proposed Method for Resection of the Wrist-Joint. By BR. CARL LAUENSTEIN (Hamburg). In cases of extensive tuberculosis of the wrist-joint in adults, where it is necessary, besides the carpal bones, to remove pieces of the radius and ulna, eventually also pieces of the metacarpal bones, where one not only must remove all suspicious capsular remnants and the diseased sheaths of the tendons, but also for the purpose of a thorough removal of everything that is diseased, must remove every trace of periosteum in the neighborhood of the diseased parts, there sometimes remains a very loose connection between the hand and forearm. Lauenstein compares this condition of connection, consisting in main only of tendons, to the connection between a flail and its handle and emphasizes that many a surgeon will with but little hesitation perform amputation.

Lauenstein has, in order to shorten this connection formed by soft parts, performed twice the dorso-radial longitudinal incision to which he *united one in the transverse direction*. The results were good in both cases. The advantages offered by this procedure are.

1. A rapid diminution in the size of the large cavity of the wound, as well as a strong approximation of the hand to the forearm; and
2. One can give right at the beginning a good dorsally flexed position, which according to the experience of all surgeons is the most favorable for the preservation of its function.

Both patients treated in this way by Lauenstein had, after the operation, a comparatively useful hand. Of course, even through the transverse uniting of the wound, the disadvantageous influence of the resection of the wrist-joint, in general, upon the entire tendon and muscular apparatus, which, correspondingly to the length of the removed piece of bone, becomes elongated and thus diminishes its contractability, cannot be prevented. But Lauenstein yet thinks that the transverse uniting of the wound, also in this direction, offers some advan-